

FROM McANDREWS, HELD, & MALLOY

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TO: Md S. Elahee
Examiner, Group Art Unit 2645

FAX NO.: 703 872 9306

FROM: Michael T. Cruz


USER ID: 8084

CLIENT: 1772

MATTER: 15981US01

Number of Pages This Transmission (Including Cover Page): 10

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/924,306			
		Filing Date	August 6, 2001			
		First Named Inventor	Jason Hillyard			
		Art Unit	2645			
		Examiner Name	Md S. Elahee			
Total Number of Pages in This Submission	9	Attorney Docket Number	15981US01			
ENCLOSURES (check all that apply)						
<table border="0"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (7 Pages) <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 </td> <td style="vertical-align: top;"> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD </td> <td style="vertical-align: top;"> <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copy of Notice of Acceptance of Power of Attorney </td> </tr> </table>				<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (7 Pages) <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copy of Notice of Acceptance of Power of Attorney
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm	McAndrews Held & Malloy, Ltd.					
Signature	<i>Michael T. Cruz</i>					
Printed Name	Michael T. Cruz					
Date	June 22, 2005					
CERTIFICATE OF FAX TRANSMITTAL						
I hereby certify that this correspondence is being sent via facsimile transmission to Md S. Elahee, an Examiner of the United States Patent and Trademark Office, at (703) 872-9306 on June 22, 2005.						
Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636			
Signature	<i>Michael T. Cruz</i>	Date	June 22, 2005			

Attorney Docket No.: 15981US01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the Application of:

Jason Hillyard

Serial No.: 09/924,306

Filed: August 6, 2001

For: SYSTEM AND METHOD FOR
ESTABLISHING A CONNECTION
BETWEEN WIRELESS DEVICES


Examiner: Md S. Elahee

Group Art Unit: 2645

Conf. No.: 3123

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Michael T. Cruz
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Mail Stop AF
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Dear Sir:

This paper is a timely reply to the Office Action Made Final mailed April 22, 2005. It is respectfully requested that the Examiner consider the remarks herein which place claims 1-23 in condition for allowance.